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CONFIRMATION NO. 4321

SERIAL NUMBER 08/467,605	FILING DATE 06/06/1995 RULE 1.60	CLASS 424	GROUP ART UNIT 1648	ATTORNEY DOCKET NO. .MI-001CPDV
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a DIV of 08/307,485 09/16/1994 PAT 5,891,437  
 which is a CON of 07/901,523 06/19/1992 ABN  
 which is a CIP of 07/788,118 11/01/1991 ABN

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 08/01/1995

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	MA	DRAWING 9	CLAIMS 6	CLAIMS 1
Verified and Acknowledged	Examiner's Signature  Initials				

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## TITLE

ANTIGEN ASSOCIATED WITH TYPE I DIABETES MELLITUS

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
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